

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2008****Open to Public  
Inspection**

<b>A</b> For the 2008 calendar year, or tax year beginning <u>07/01, 2008, and ending</u> <u>06/30, 2009</u>																																																							
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>C</b> Name of organization</td> <td colspan="2"><u>WIKIMEDIA FOUNDATION</u></td> </tr> <tr> <td>Doing Business As</td> <td colspan="2"></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td colspan="2">Room/suite</td> </tr> <tr> <td><u>149 NEW MONTGOMERY, 3RD FLOOR</u></td> <td colspan="2"></td> </tr> <tr> <td>City or town, state or country, and ZIP + 4</td> <td colspan="2"><u>SAN FRANCISCO, CA 94105</u></td> </tr> <tr> <td><b>F</b> Name and address of principal officer:</td> <td colspan="2"><u>VERONIQUE KESSLER</u></td> </tr> <tr> <td><u>149 NEW MONTGOMERY, 3RD FLOOR SAN FRANCISCO, CA 94107</u></td> <td colspan="2"></td> </tr> <tr> <td><b>D</b> Employer identification number</td> <td colspan="2"><u>20-0049703</u></td> </tr> <tr> <td><b>E</b> Telephone number</td> <td colspan="2"><u>(415) 839-6885</u></td> </tr> <tr> <td><b>G</b> Gross receipts \$</td> <td colspan="2"><u>8,419,547.</u></td> </tr> <tr> <td><b>H(a)</b> Is this a group return for affiliates?</td> <td colspan="2"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><b>H(b)</b> Are all affiliates included?</td> <td colspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="3">If "No," attach a list. (see instructions)</td> </tr> <tr> <td><b>H(c)</b> Group exemption number</td> <td colspan="2">▶</td> </tr> <tr> <td><b>I</b> Tax-exempt status:</td> <td colspan="2"> <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no.)    <input type="checkbox"/> 4947(a)(1) or    <input type="checkbox"/> 527       </td> </tr> <tr> <td><b>J</b> Website: ▶</td> <td colspan="2"><u>WWW.WIKIMEDIAFOUNDATION.ORG</u></td> </tr> <tr> <td><b>K</b> Type of organization:</td> <td colspan="2"> <input checked="" type="checkbox"/> Corporation    <input type="checkbox"/> Trust    <input type="checkbox"/> Association    <input type="checkbox"/> Other ▶       </td> </tr> <tr> <td><b>L</b> Year of formation:</td> <td><u>2003</u></td> <td><b>M</b> State of legal domicile: <u>FL</u></td> </tr> </table>	<b>C</b> Name of organization	<u>WIKIMEDIA FOUNDATION</u>		Doing Business As			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		<u>149 NEW MONTGOMERY, 3RD FLOOR</u>			City or town, state or country, and ZIP + 4	<u>SAN FRANCISCO, CA 94105</u>		<b>F</b> Name and address of principal officer:	<u>VERONIQUE KESSLER</u>		<u>149 NEW MONTGOMERY, 3RD FLOOR SAN FRANCISCO, CA 94107</u>			<b>D</b> Employer identification number	<u>20-0049703</u>		<b>E</b> Telephone number	<u>(415) 839-6885</u>		<b>G</b> Gross receipts \$	<u>8,419,547.</u>		<b>H(a)</b> Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all affiliates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If "No," attach a list. (see instructions)			<b>H(c)</b> Group exemption number	▶		<b>I</b> Tax-exempt status:	<input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶	<u>WWW.WIKIMEDIAFOUNDATION.ORG</u>		<b>K</b> Type of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation:	<u>2003</u>	<b>M</b> State of legal domicile: <u>FL</u>
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**Part I Summary**

<b>Activities</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE WIKIMEDIA FOUNDATION SUPPORTS WIKIPEDIA AND EIGHT OTHER WIKI-BASED PROJECTS DESIGNED TO ENABLE PEOPLE AROUND THE WORLD TO COLLABORATIVELY DEVELOP EDUCATIONAL MATERIALS FOR THE BENEFIT OF ALL.</u>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>8</u>	
	<b>5</b>	Total number of employees (Part V, line 2a)	<u>5</u>	<u>26</u>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>100,000</u>	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<u>7a</u>	<u>NONE</u>	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>NONE</u>	
			<b>Prior Year</b>	<b>Current Year</b>	
<b>Revenue</b>	<b>8</b>	Contribution and grants (Part VIII, line 1h)	<u>6,533,539.</u>	<u>7,664</u>	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>100,203.</u>	<u>422</u>	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>33,382.</u>	<u>17</u>	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>72,246.</u>	<u>31</u>	
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>6,739,370.</u>	<u>8,137</u>	
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>NONE</u>	<u>17</u>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>1,147,679.</u>	<u>2,073</u>
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	
		<b>b</b>	Total fundraising expenses, Part IX, column (D), line 25 ▶ <u>1,004,060.</u>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>2,059,920.</u>	<u>2,992</u>	
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>3,207,599.</u>	<u>5,083</u>	
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	<u>3,531,771.</u>	<u>3,053</u>	
<b>Net Assets or Fund Balances</b>		<b>20</b>	Total assets (Part X, line 16)	<u>5,664,606.</u>	<u>8,602</u>
		<b>21</b>	Total liabilities (Part X, line 26)	<u>486,438.</u>	<u>370</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>5,178,168.</u>		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	Signature of officer Type or print name and title <u>Veronique Kessler, CEO</u>	Date <u>4/29/10</u>		
<b>Paid Preparer's Use Only</b>	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 <u>KPMG LLP</u> <u>55 SECOND STREET, #1400 SAN FRANCISCO, CA 94105</u>	Date <u>4/26/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identification number (see instructions) <u>P001</u>
May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

JSA  
8E1065 1.000

37135U 1561 04/21/2010 13:07:13 V08-8.3 2341015

'J, %'44' N#, #' 1 "&#'() 'J%(+%, 1 'N"%F-5"'L55(1 2E-9D1 "&#9 (see instructions)

< Briefly describe the organization's mission:

SEE STATEMENT 1

@ Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ U"9' ☒ V(

If "Yes" describe these new services on Schedule O.

] Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ U"9' ☒ V(

If "Yes," describe these changes on Schedule O.

B Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

B, (Code: ) (Expenses \$ 1,872,934. including grants of \$ NONE ) (Revenue \$ 366,232. )

SUPPORT WIKIMEDIA.ORG (THE 5TH MOST POPULAR WEB PROPERTY IN THE WORLD) AND OTHER WEBSITES WHERE VOLUNTEERS CAN COLLABORATE TO DEVELOP FREE EDUCATIONAL RESOURCES. THE FOUNDATION'S PROJECTS ARE USED BY MORE THAN 350 MILLION PEOPLE A MONTH AND ARE AVAILABLE IN MORE THAN 270 LANGUAGES AND CONTAIN MORE THAN 14 MILLION VOLUNTEER-AUTHORED ARTICLES. THE OVERWHELMING MAJORITY OF THE FOUNDATION'S PROJECT ACTIVITIES ARE CARRIED OUT BY AN INTERNATIONAL NETWORK OF VOLUNTEERS WHOSE ACTIVITY IS NOT REFLECTED IN PART IX OF FUNCTIONAL EXPENSES.

BH (Code: ) (Expenses \$ 753,127. including grants of \$ NONE ) (Revenue \$ NONE )

DEVELOP AND MAINTAIN OPEN SOURCE SOFTWARE USED TO RUN WIKIMEDIA.ORG AND OTHER WEBSITES OPERATED BY WIKIMEDIA FOUNDATION WITH THE GOAL OF CONTINUING INNOVATION TO FACILITATE THE DEVELOPMENT OF MORE AND HIGHER QUALITY EDUCATIONAL RESOURCES.

B5 (Code: ) (Expenses \$ 603,333. including grants of \$ NONE ) (Revenue \$ NONE )

FOSTER THE DEVELOPMENT OF INTERNATIONAL WIKIMEDIA CHAPTER ORGANIZATIONS, ADVISE AND FACILITATE VOLUNTEER EFFORTS, AND BUILD PARTNERSHIPS WITH LIKE-MINDED ORGANIZATIONS IN ORDER TO RECRUIT NEW VOLUNTEERS, ASSESS AND IMPROVE THE QUALITY OF EXISTING CONTENT, REACH NEW READERS, AND IMPORT NEW EDUCATIONAL CONTENT.

B8 Other program services. (Describe in Schedule O.)

(Expenses \$ 79,152. including grants of \$ 17,709. ) (Revenue \$ 15,674. )

B" 6( #, '2%(+%, 1 '9"%F-5""02"&9"9"► b 3,308,546. (Must equal Part IX, Line 25, column (B).)

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< Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		
@		
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GD"5IE-9#'( )! "c\$-%"8'N5D"8\$E"9'(continued)

	U"9	V(
@K During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .	@K,	X
H Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	@KH	X
5 Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	@K5	X
@C Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	@C	X
] ; Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	] ;	X
] < Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	] <	X
] @ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	] @	X
] ] Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	] ]	X
] B Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	] B	X
] : Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	] :	X
] ^ N"5#-( &' : ; <=5>= ]>' (%+, &- . , #- (&90 Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	] ^	X
] A Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	] A	X

Form CC; (2008)

'J, %d' N#, # 1 " &9"! "+, %8-&+ '\*#D"%4! N'3-E-&+9', &8'6, 0'G(1 2E-, &5"

		U"9	V(
<, Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<, 46		
H Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<H NONE		
5 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<5	X	
@, Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	@, 26		
H If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	@H	X	
V(#X If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
] , Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	] ,		X
H If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	] H		
B, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	B, X		
H If "Yes," enter the name of the foreign country: ►SEE STATEMENT 2 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
: , Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	: ,		X
H Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	: H		X
5 If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	: 5		
^, Did the organization solicit any contributions that were not tax deductible? . . . . .	^ ,		X
H If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	^ H		
A *%, &-, #-(&9#D, # 1 , M'%5"-F"'8"8\$5#-HE"'5(&#%-H\$#-(&9'\$&8"'9"5#-(&'<A; =5>0 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	A, X		
H If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	AH		
5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	A5		
8 If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	A8		
" Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	A"		X
) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	A)		X
+ For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	A+		
D For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	AD		
K N"5#-(&' : ; <=5>=>]', &8'(#D"%92(&9(%-&+ '(%, &-, #-(&9'1 , -&#, -&-&+ '8(&(' , 8F-9"8')\$&89', &8'9"5#-(& : ; C=, >=]'>9\$22(%#-&+ '(%, &-, #-(&90 Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	K		
C N"5#-(&' : ; <=5>=>]', &8'(#D"%92(&9(%-&+ '(%, &-, #-(&9'1 , -&#, -&-&+ '8(&(' , 8F-9"8')\$&890 Did the organization make any taxable distributions under section 4966? . . . . .	C,		
H Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	CH		
<; N"5#-(&' : ; <=5>=>A>'(%+, &-, #-(&90 Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<; ,		
H Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<; H		
<< N"5#-(&' : ; <=5>=>@>'(%+, &-, #-(&90 Enter: Gross income from members or shareholders . . . . .	<< ,		
H Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<< H		
<@, N"5#-(&'BCBA=, >><>'&(&P"O"1 2#5D, %-, HE"'#%\$9#90 Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<@, X		
H If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<@H		

Form CC; (2008)

**J, %d4** S(F"%&, &5"?'\, &, +" 1 "&#?', &8'Q-95E(9\$%''(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

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<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>		
<, Enter the number of voting members of the governing body . . . . .	<, 8	
H Enter the number of voting members that are independent . . . . .	<H 8	
@ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	@	X
] Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	]	X
B Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . .	B	X
: Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	:	X
^ Does the organization have members or stockholders? . . . . .	^	X
A, Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	A,	X
H Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	AH	X
K Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
, The governing body? . . . . .	K,	X
H Each committee with authority to act on behalf of the governing body? . . . . .	KH	X
C, Does the organization have local chapters, branches, or affiliates? . . . . .	C,	X
H If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	CH	
<; Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<;	X
<< Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<<	X

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<@, Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<@,	X
H Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<@H	X
5 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<@5	X
<] Does the organization have a written whistleblower policy? . . . . .	<]	X
<B Does the organization have a written document retention and destruction policy? . . . . .	<B	X
<: Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
, The organization's CEO, Executive Director, or top management official? . . . . .	<: ,	X
H Other officers or key employees of the organization? . . . . .	<: H	X
Describe the process in Schedule O. (see instructions)		
<^, Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<^,	X
H If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<^H	

N"5#-( &'G0'Q-95E(9\$%''

<A List the states with which a copy of this Form 990 is required to be filed ► <u>SEE STATEMENT 3</u>
<K Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<C Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
@; State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <u>VERONIQUE KESSLER P.O. BOX 78350 SAN FRANCISCO, CA 94107</u> <u>415-839-6885</u>

J, %'d44' G(1 2"&9, #-(&'()'\*))-5"%9?Q-%"5#(%9?'6%\$9#"9?Z"M"/1 2E(M""9?'T-+D"9#G(1 2"&9, #"8  
/1 2E(M""9?', &8'4&8"2"&8"&#G(&#, 5#(%9

N"5#-(&'L0 \*)-5"%9?Q-%"5#(%9?'6%\$9#"9?Z"M"/1 2E(M""9?', &8'T-+D"9#G(1 2"&9, #"8'/1 2E(M""9

<, Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's 5\$%"&# officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and 5\$%"&# key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five 5\$%"&# highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's (%1 "" officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's (%1 ""8-%"5#(%9'(%#%\$9#"9?that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Name and Title	Average hours per week	Position (check all that apply)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL SNOW CHAIR	10.	X		X				NONE	NONE	NONE
JAN BART DE VREEDE VICE CHAIR	10.	X		X				NONE	NONE	NONE
DOMAS MITUZAS EXECUTIVE SECRETARY	10.	X		X				NONE	NONE	NONE
STU WEST TREASURER	10.	X		X				NONE	NONE	NONE
FLORENCE DEVOUARD CHAIR (THROUGH 7/2008)	10.	X		X				NONE	NONE	NONE
FRIEDA BRIOSCHI TRUSTEE (THROUGH 9/2008)	10.	X						NONE	NONE	NONE
TING CHEN TRUSTEE	10.	X						NONE	NONE	NONE
ARNE KLEMPERT TRUSTEE	10.	X						NONE	NONE	NONE
JIMMY WALES TRUSTEE	10.	X						NONE	NONE	NONE
KAT WALSH TRUSTEE	10.	X						NONE	NONE	NONE
SUE GARDNER EXECUTIVE DIRECTOR	40.			X				168,700.	NONE	6,350.
VERONIQUE KESSLER CFOO	40.			X				105,527.	NONE	16,332.
MIKE GODWIN GENERAL COUNSEL	40.					X		120,450.	NONE	7,689.

[illegible]



'J, %'d444' N#, # 1 "&amp;'()!' "F"&amp;\$"

20-0049703

				=L> Total revenue	=R> Related or exempt function revenue	=G> Unrelated business revenue	=Q> Revenue excluded from tax under sections 512, 513, or 514
G(8#H\$#(89?+)-#9?+%, #9 , 88'(#D"%9-1-E, %, 1 (\$8#9							
<, Federated campaigns . . . . . <,							
H Membership dues . . . . . <H							
5 Fundraising events . . . . . <5							
8 Related organizations . . . . . <8							
" Government grants (contributions) . . . . . <"							
) All other contributions, gifts, grants, and similar amounts not included above . . . . . < ) 7,664,458.							
+ Noncash contributions included in lines 1a-1f: \$ 386,095.							
D 6(#, 0)'Add lines 1a-1f . . . . . ► 7,664,458.							
J%(+%, 1 'N"%F.5"i "F"&\$"							
@, DATA PROVIDER SERVICES R\$9-&"99'G(8" 518210				366,232.	366,232.		
H WIKIMANIA CONFERENCE 611600				56,674.	56,674.		
5							
8							
"							
) All other program service revenue . . . . .							
+ 6(#, 0)'Add lines 2a-2f . . . . . ► 422,906.							
J Investment income (including dividends, interest, and other similar amounts) . . . . . STMT 5. . . . . ► 31,034.							31,034.
B Income from investment of tax-exempt bond proceeds . . . . . ► NONE							
: Royalties . . . . . ► 1,500.							1,500.
(i) Real (ii) Personal							
^, Gross Rents . . . . .							
H Less: rental expenses . . . . .							
5 Rental income or (loss) . . . . .							
8 Net rental income or (loss) . . . . . ► NONE							
(i) Securities (ii) Other							
A, Gross amount from sales of assets other than inventory 269,232.							
H Less: cost or other basis and sales expenses . . . . . 282,312.							
5 Gain or (loss) . . . . . -13,080.							
8 Net gain or (loss) . . . . . ► -13,080.							-13,080.
K, Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . . ,							
H Less: direct expenses . . . . . H							
5 Net income or (loss) from fundraising events . . . . . ► NONE							
C, Gross income from gaming activities. See Part IV, line 19. . . . . ,							
H Less: direct expenses . . . . . H							
5 Net income or (loss) from gaming activities . . . . . ► NONE							
<, Gross sales of inventory, less returns and allowances . . . . . ,							
H Less: cost of goods sold . . . . . H							
5 Net income or (loss) from sales of inventory. . . . . ► NONE						NONE	
Miscellaneous Revenue R\$9-&"99'G(8"							
<<, FOREIGN EXCHANGE LOSS 900099				-7,962.			-7,962.
H MISCELLANEOUS INCOME 900099				38,379.			38,379.
5							
8 All other revenue . . . . .							
" 6(#, 0)'Add lines 11a-11d . . . . . ► 30,417.							
<@ 6(#, 0)' "F"&\$" 0 Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ► 8,137,235.					422,906.	NONE	49,871.

'J, %#4e' N#, #' 1 " &#(') '3\$&5#-( &, E' /02" &9"9

N" 5#-( &' : ; <=5>=] >' , &8' : ; <=5>=B>' ( %+, &- . , #-( &9' 1 \$9#5 ( 1 2E" #' , E' 5 ( E\$ 1 &90

LEE' (#D" %' ( %+, &- . , #-( &9' 1 \$9#5 ( 1 2E" #' ' 5 ( E\$ 1 &' =L> ' H\$# , %" ' & (#" %" c\$-%" 8' # (' 5 ( 1 2E" #' ' 5 ( E\$ 1 &9' =R>?' =G>' , &8' =Q>I

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	=L> Total expenses	=R> Program service expenses	=G> Management and general expenses	=O> Fundraising expenses
< Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
⊙ Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
] Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	17,709.	17,709.		
B Benefits paid to or for members . . . . .	NONE			
: Compensation of current officers, directors, trustees, and key employees . . . . .	358,549.	89,039.	182,687.	86,823.
^ Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
A Other salaries and wages . . . . .	1,423,524.	777,754.	235,432.	410,338.
K Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
C Other employee benefits . . . . .	153,741.	83,997.	25,427.	44,317.
< Payroll taxes . . . . .	137,499.	67,534.	31,505.	38,460.
<< Fees for services (non-employees):				
, Management . . . . .	NONE			
H Legal . . . . .	176,471.	132,353.	26,471.	17,647.
5 Accounting . . . . .	45,839.	22,461.	10,543.	12,835.
8 Lobbying . . . . .	NONE			
" Professional fundraising services. See Part IV, line 17	NONE			
) Investment management fees . . . . .	NONE			
+ Other . . . . .	678,553.	474,257.	37,043.	167,253.
<⊙ Advertising and promotion . . . . .	NONE			
<] Office expenses . . . . .	354,909.	173,905.	81,629.	99,375.
<B Information technology . . . . .	822,405.	822,405.		
<: Royalties . . . . .	NONE			
<^ Occupancy . . . . .	170,704.	83,645.	39,262.	47,797.
<A Travel . . . . .	223,193.	98,254.	69,229.	55,710.
<K Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
<C Conferences, conventions, and meetings . . . .	32,200.	32,200.		
⊙; Interest . . . . .	NONE			
⊙< Payments to affiliates . . . . .	NONE			
⊙⊙ Depreciation, depletion, and amortization . . . .	470,095.	423,085.	23,505.	23,505.
⊙] Insurance . . . . .	8,296.		8,296.	
⊙B Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
, VOLUNTEER DEVELOPMENT -----	9,948.	9,948.		
H -----				
5 -----				
8 -----				
" -----				
) All other expenses -----				
⊙: 6 (#, E') \$&5#-( &, E' "02" &9"90 Add lines 1 through 24f	5,083,635.	3,308,546.	771,029.	1,004,060.
⊙^ Y(-&# G(9#90' Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

J, %e' R, E, &amp;5"ND" "#

		=L> Beginning of year		=R> End of year
L99" #9	< Cash - non-interest-bearing . . . . .	189,182.	<	NONE
	@ Savings and temporary cash investments . . . . .	2,809,453.	@	6,243,471.
	] Pledges and grants receivable, net . . . . .	1,994,279.	]	1,300,000.
	B Accounts receivable, net . . . . .	27,259.	B	72,589.
	: Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		:	
	^ Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		^	
	A Notes and loans receivable, net . . . . .		A	
	K Inventories for sales or use . . . . .		K	
	C Prepaid expenses and deferred charges . . . . .	85,424.	C	186,489.
	<; Land, buildings, and equipment: cost basis . . . . .	1,921,899.		
	H Less: accumulated depreciation. Complete Part VI of Schedule D. . . . .	1,122,313.	<; H	799,586.
	<< Investments - publicly traded securities . . . . .	37,902.	<<	NONE
	<@ Investments - other securities. See Part IV, line 11 . . . . .		<@	
	<] Investments - program-related. See Part IV, line 11 . . . . .		<]	
	<B Intangible assets . . . . .		<B	
<: Other assets. See Part IV, line 11 . . . . .		<:		
<^ 6(#, E', 99" #90 Add lines 1 through 15 (must equal line 34) . . . . .	5,664,606.	<^	8,602,135.	
[-, H-E-#."9	<A Accounts payable and accrued expenses . . . . .	305,147.	<A	264,368.
	<K Grants payable . . . . .		<K	
	<C Deferred revenue . . . . .	181,291.	<C	106,000.
	@; Tax-exempt bond liabilities . . . . .		@;	
	@< Escrow account liability. Complete Part IV of Schedule D . . . . .		@<	
	@@ Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		@@	
	@] Secured mortgages and notes payable to unrelated third parties . . . . .		@]	
	@B Unsecured notes and loans payable . . . . .		@B	
	@: Other liabilities. Complete Part X of Schedule D . . . . .		@:	
	@^ 6(#, E', H-E-#."90 Add lines 17 through 25 . . . . .	486,438.	@^	370,368.
V" #L99" #9' (%3\$&8'R, E, &5"9	*%+, &-., #- (&9'D, #') (E(a'N3LN'<<A?'5D"5I'D"%" > [X], &8'5(12E"#" E-&"9'@A'D%(\$+D'@C?', &8'E-&"9']', &8']B0			
	@A Unrestricted net assets . . . . .	3,123,539.	@A	6,164,309.
	@K Temporarily restricted net assets . . . . .	2,054,629.	@K	2,067,458.
	@C Permanently restricted net assets . . . . .		@C	
	*%+, &-., #- (&9'D, #'8'(&#') (E(a'N3LN'<<A?'5D"5I'D"%" > [ ], &8'5(12E"#" E-&"9']', #D%(\$+D']B0			
	] Capital stock or trust principal, or current funds . . . . .		];	
	]< Paid-in or capital surplus, or land, building, or equipment fund . . . . .		]<	
	]@ Retained earnings, endowment, accumulated income, or other funds . . . . .		]@	
	] Total net assets or fund balances . . . . .	5,178,168.	]]	8,231,767.
	]B Total liabilities and net assets/fund balances . . . . .	5,664,606.	]B	8,602,135.

J, %e4' 3-&amp;, &amp;5-, E'N#, #" 1 "&amp;#9', &amp;8"! "2(%#-&amp;+

	U"9	V(
< Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
@, Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	@,	X
H Were the organization's financial statements audited by an independent accountant? . . . . .	@H	X
5 If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	@5	X
] As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	],	X
H If "Yes," did the organization undergo the required audit or audits? . . . . .	]H	

Form CC; (2008)

'J, #%'4' ! ", 9(&')(%'J\$HE-5'GD, %'#M'N#, #9'(All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only (&"'organization.)

- ☐ A church, convention of churches, or association of churches described in 9"5#- (&'<A; =H>=<=>L>=>0'  
☐ A school described in 9"5#- (&'<A; =H>=<=>L>=>0' (Attach Schedule E.)  
☐ A hospital or a cooperative hospital service organization described in 9"5#- (&'<A; =H>=<=>L>=>0' (Attach Schedule H.)  
☐ A medical research organization operated in conjunction with a hospital described in 9"5#- (&'<A; =H>=<=>L>=>0' Enter the hospital's name, city, and state: \_\_\_\_\_  
☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 9"5#- (&'<A; =H>=<=>L>=>F>0' (Complete Part II.)  
☐ A federal, state, or local government or governmental unit described in 9"5#- (&'<A; =H>=<=>L>=>F>0'  
☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 9"5#- (&'<A; =H>=<=>L>=>F>0' (Complete Part II.)  
☐ A community trust described in 9"5#- (&'<A; =H>=<=>L>=>F>0' (Complete Part II.)  
☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See 9"5#- (&'<A; =H>=<=>L>=>F>0' (Complete Part III.)  
☐ An organization organized and operated exclusively to test for public safety. See 9"5#- (&'<A; =H>=<=>L>=>F>0' (see instructions)  
☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See 9"5#- (&'<A; =H>=<=>L>=>F>0' Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
☐ Type I      ☐ Type II      ☐ Type III - Functionally Integrated      ☐ Type III - Other  
☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box: \_\_\_\_\_  
☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

=> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

==> A family member of a person described in (i) above?

----- A 35% controlled entity of a person described in (i) or (ii) above?

D Provide the following information about the organizations the organization supports.

	U <sup>n</sup> 9	V(
<< +=->		X
<< +=-->		X
<< +=--->		X

[illegible]

**Part I** N522 (990) (2008) (Schedule A) (Form 990 or 990-EZ) 2008  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Part I** N522 (990) (2008)

G, E" & 8, %M", %=(%)95, E"M", %H" +-&&-&+&-&>	=, > 2004	=H> 2005	=5> 2006	=8> 2007	=> 2008	=> Total
< Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	352,571.	1,357,614.	2,280,787.	6,533,539.	7,664,458.	18,188,969.
@ Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
] The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
B 6 (#, E"Add lines 1-3 . . . . .	352,571.	1,357,614.	2,280,787.	6,533,539.	7,664,458.	18,188,969.
: The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						3,903,004.
^ J\$HE-5'9\$22(990 Subtract line 5 from line 4.						14,285,965.

**Part II** N522 (990) (2008)

G, E" & 8, %M", %=(%)95, E"M", %H" +-&&-&+&-&>	=, > 2004	=H> 2005	=5> 2006	=8> 2007	=> 2008	=> Total
A Amounts from line 4. . . . .	352,571.	1,357,614.	2,280,787.	6,533,539.	7,664,458.	18,188,969.
K Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,901.	8,224.	27,581.	33,382.	32,534.	104,622.
C Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<; Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .		2,517.	6,541.	72,246.	30,417.	111,721.
<< 6 (#, E'9\$22(990 Add lines 7 through 10 . . . . .						18,405,312.
<@ Gross receipts from related activities, etc. (See instructions.) . . . . .					<@	660,233.
<] 3-9#)-F""M", %90 If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and 9#(2'D""% . . . . .						<input type="checkbox"/>

**Part III** N522 (990) (2008)

<B Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<B	77.62 %
<: Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<:	92.57 %
<^, ]] '<g] h'9\$22(990) 9#P'@; ; K0 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and 9#(2'D""%0 The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
H ]] '<g] h'9\$22(990) 9#P'@; ; A0 If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and 9#(2'D""%0 The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<A, <; hP), 5#9P, &8P5-%5\$1 9#, &5"9'#"9#P'@; ; K0 If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 9#(2'D""%0 Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
H <; hP), 5#9P, &8P5-%5\$1 9#, &5"9'#"9#P'@; ; A0 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and 9#(2'D""%0 Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<K J%-F, #""')(\$&8, #-(&0 If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

N522 (990) (2008) (Schedule A) (Form 990 or 990-EZ) 2008

**Part I** N22 (N5D 8E) ( \* +, & ., # (9'Q" 95%-H" 8' -& N" 5#- (& : ; C=, >@> )  
(Complete only if you checked the box on line 9 of Part I.)

N" 5#- (& L0" J\$HE-5' N22 (E#

	=, >'2004	=H'2005	=5>'2006	=8>'2007	= ">'2008	=>'Total
G, E" & 8, %M", %=(%) -95, E'M", %H" +-&&-&+&+&+&+> ▶						
< Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
@ Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
] Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
B Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
: The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
^ 6 (E, E) Add lines 1-5 . . . . .						
A, Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
H Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
5 Add lines 7a and 7b. . . . .						
K J\$HE-5' 9\$22 (E# (Subtract line 7c from line 6.) . . . . .						

N" 5#- (& R0'6 (E, E' N22 (E#

	=, >'2004	=H'2005	=5>'2006	=8>'2007	= ">'2008	=>'Total
G, E" & 8, %M", %=(%) -95, E'M", %H" +-&&-&+&+&+&+> ▶						
C Amounts from line 6. . . . .						
< ; Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
H Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
5 Add lines 10a and 10b . . . . .						
<< Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
< @ Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
< ] 6 (E, E' 9\$22 (E# (Add lines 9, 10c, 11, and 12.) . . . . .						
< B 3-9# ) -F" M", %90 If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and 9# (2'D" %" . . . . . ▶ <input type="checkbox"/>						

N" 5#- (& G0'G (1 2\$#, #- (& (') J\$HE-5' N22 (E# J" %5" &#, +"

< : Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	< :	%
< ^ Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	< ^	%

N" 5#- (& Q0'G (1 2\$#, #- (& (') 4&F' 9#1 " &# 4&5 (1 " J" %5" &#, +"

< A Investment income percentage for @ ; K (line 10c, column (f) divided by line 13, column (f)) . . . . .	< A	%
< K Investment income percentage from @ ; A Schedule A, Part IV-A, line 27h. . . . .	< K	%

< C, ] ]' < g] h' 9\$22 (E# # " 9#9' P @ ; K0 If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and 9# (2'D" %". The organization qualifies as a publicly supported organization . . . . . ▶ ☐

H ] ]' < g] h' 9\$22 (E# # " 9#9' P

Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME		2,517.	6,541.	72,246.	30,417.	111,721.
TOTALS		2,517.	6,541.	72,246.	30,417.	111,721.

\*%+, &-. , #-(&'#M2""(check one):

3-E""9'()X

N"5#-(&X

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust &(#'treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the S""&""%, E"! \$E" or a N2"5-, E"! \$E"0 (V(#""0'Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

S""&""%, E"! \$E"

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

N2"5-, E"! \$E"9

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of =<> \$5,000 or =@> 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the S""&""%, E"! \$E" applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)



V, 1 "'()'(%, &amp;-. , #-( &amp; WIKIMEDIA FOUNDATION

/1 2E(M""-8""&amp;#-)-5, #-(&amp;\$1 H""

20-0049703

## 'J, %'4' G(&amp;#%-H\$#('%9'(see instructions)

=, > V(0	=H> V, 1 "'?, 88%"99?', &8'f4J'i 'B	=5> L++%" +, #'5(&#%-H\$#-(&9	=8> 6M2""'()'5(&#%-H\$#-(&
1		\$ 257,495.	J""9(& <input checked="" type="checkbox"/> J, M%(E <input type="checkbox"/> V(&5, 9D <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 177,376.	J""9(& <input checked="" type="checkbox"/> J, M%(E <input type="checkbox"/> V(&5, 9D <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 300,000.	J""9(& <input checked="" type="checkbox"/> J, M%(E <input type="checkbox"/> V(&5, 9D <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,152,000.	J""9(& <input checked="" type="checkbox"/> J, M%(E <input type="checkbox"/> V(&5, 9D <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	J""9(& <input type="checkbox"/> J, M%(E <input type="checkbox"/> V(&5, 9D <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	J""9(& <input type="checkbox"/> J, M%(E <input type="checkbox"/> V(&5, 9D <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

V, 1 ""('(%+, &amp;., #-(&amp; WIKIMEDIA FOUNDATION

/1 2f(M""-8"&amp;#)-5, #-(&amp;'\$1 H""

20-0049703

'J, %44' V (&amp;5, 9D'J%(2""M'(see instructions)

=, >'V(0) (1) J, %4	=H> Q"95%-2#-(&'('(&5, 9D'2%(2""M'+-F"&	=5> 3\d'=(%""9#-1, #""> =9""'-&9#%\$5#-(&9>	=8> Q, #""5"-F"8
1	9576 SH OF LEVEL 3; 3604 SH OF NUVASIVE 22,610 SHARES OF PLU POWER 1,948 SHARES OF UNITED ONLINE 1,888 SHARES OF VERISIGN	\$ 257,495.	10/31/2008
=, >'V(0) (1) J, %4	=H> Q"95%-2#-(&'('(&5, 9D'2%(2""M'+-F"&	=5> 3\d'=(%""9#-1, #""> =9""'-&9#%\$5#-(&9>	=8> Q, #""5"-F"8
		\$	
=, >'V(0) (1) J, %4	=H> Q"95%-2#-(&'('(&5, 9D'2%(2""M'+-F"&	=5> 3\d'=(%""9#-1, #""> =9""'-&9#%\$5#-(&9>	=8> Q, #""5"-F"8
		\$	
=, >'V(0) (1) J, %4	=H> Q"95%-2#-(&'('(&5, 9D'2%(2""M'+-F"&	=5> 3\d'=(%""9#-1, #""> =9""'-&9#%\$5#-(&9>	=8> Q, #""5"-F"8
		\$	
=, >'V(0) (1) J, %4	=H> Q"95%-2#-(&'('(&5, 9D'2%(2""M'+-F"&	=5> 3\d'=(%""9#-1, #""> =9""'-&9#%\$5#-(&9>	=8> Q, #""5"-F"8
		\$	
=, >'V(0) (1) J, %4	=H> Q"95%-2#-(&'('(&5, 9D'2%(2""M'+-F"&	=5> 3\d'=(%""9#-1, #""> =9""'-&9#%\$5#-(&9>	=8> Q, #""5"-F"8
		\$	

Department of the Treasury  
Internal Revenue Service▶ L##, 5D#('3(%1 'CC; 0'6('H"'5(1 2E"'8'HM'(%+, &-. , #-(&9'D, #  
, &9a "'8'j U"9?k#('3(%1 'CC; ?'J, %4d'E-&""^?A?K?'C?<; ?'<<? (%'<@0'\* 2' &#('J\$HE-5'  
''4&92"5#-(&''''

V, 1 "'('D"'(%+, &amp;-. , #-(&amp;

/1 2E(M"'8" &amp;#)-5, #-(&amp;'&amp;\$1 H"%

WIKIMEDIA FOUNDATION

20-0049703

'J, %4' \*%+, &-. , #-(&9'\, -&#, -&-&+'Q(&('L8F-9"8'3&89'(%' \*#D"'N-1 -E, %'3&89'('L55(\$&#90 Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	=, > Donor advised funds	=H> Funds and other accounts
< Total number at end of year . . . . .		
@ Aggregate contributions to (during year) . . . . .		
] Aggregate grants from (during year) . . . . .		
B Aggregate value at end of year . . . . .		
: Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> U"9 <input type="checkbox"/> V(		
^ Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . <input type="checkbox"/> U"9 <input type="checkbox"/> V(		

'J, %4' G(&amp;9"%F, #-(&amp;' /, 9" 1 " &amp;#90 Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

< Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

@ Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	T"18", #'D"' / &8' ('D"'U", %
, Total number of conservation easements . . . . .	@,
H Total acreage restricted by conservation easements . . . . .	@H
5 Number of conservation easements on a certified historic structure included in (a) . . . . .	@5
8 Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	@8

] Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

B Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

: Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ U"9 ☐ V(

^ Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

A Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

K Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ U"9 ☐ V(

C In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

'J, %44' \*%+, &-. , #-(&9'\, -&#, -&-&+'G(EE"5#-(&9'('L%#?'T-9#(%-5, E'6%", 9\$%"9? (%' \*#D"'N-1 -E, %'L99"#90  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

&lt;, If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

H If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

=&gt; Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

=&gt; Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

@ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

, Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

H Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

'J, %'44' \*%, &-. , #- (&9'\, -&#, -&-&+'G (E'5#- (&9' ()'L%#?'T-9#(%-5, E'6%' , 9\$%'9?' (%' \*#D''%N-1 -E, %'L99''#9'(continued)

- ] Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

, ☐ Public exhibition 8 ☐ Loan or exchange programs  
 H ☐ Scholarly research " ☐ Other \_\_\_\_\_  
 5 ☐ Preservation for future generations

- B Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

: During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ U"9 ☐ V(

'J, %'4d' 6%\$9#?'/95%(a', &8'G\$9#(8-, E'L%, &+" 1 "&#90 Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

<, Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ U"9 ☐ V(

- H If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
5 Beginning balance . . . . .	<5
8 Additions during the year . . . . .	<8
" Distributions during the year . . . . .	<"
) Ending balance . . . . .	<)

@, Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ U"9 ☐ V(

- H If "Yes," explain the arrangement in Part XIV.

'J, %'d' /&8(a 1 "&#3\$&890'Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	=, > Current Year	-H> Prior year	-5> Two years back	=8> Three years back	= "> Four years back
<, Beginning of year balance . . . . .					
H Contributions . . . . .					
5 Investment earnings or losses . . . . .					
8 Grants or scholarships . . . . .					
" Other expenditures for facilities and programs . . . . .					
) Administrative expenses . . . . .					
+ End of year balance . . . . .					

- @ Provide the estimated percentage of the year end balance held as:

, Board designated or quasi-endowment ► \_\_\_\_\_ %  
 H Permanent endowment ► \_\_\_\_\_ %  
 5 Term endowment ► \_\_\_\_\_ %

- ] Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

=> unrelated organizations . . . . . ☐ U"9 ☐ V(  
 => related organizations . . . . . ☐ H ☐ V(

- H If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . ☐ H ☐ V(

- B Describe in Part XIV the intended uses of the organization's endowment funds.

'J, %'d4' 4&F"9#1 " &#9'P'[, &8?'R\$-E8-&+9?', &8' /c\$-21 " &#0'See Form 990, Part X, line 10.

Description of investment	=, > Cost or other basis (investment)	-H> Cost or other basis (other)	-5> Depreciation	-8> Book value
<, Land . . . . .		NONE		NONE
H Buildings . . . . .		NONE	NONE	NONE
5 Leasehold improvements . . . . .		NONE	NONE	NONE
8 Equipment . . . . .		1,921,899.	1,122,313.	799,586.
" Other . . . . .		NONE	NONE	NONE

6(#, 0 Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ► 799,586.

N5D"8\$E""Q'=3(%1'CC;>'@; ; K

-5> Method of valuation:  
Cost or end-of-year market value

Other \_\_\_\_\_

=5> Method of valuation:  
Cost or end-of-year market value

=H> Book value

=H&gt; Amount

24

Total revenue (Form 990, Part VIII, column (A), line 12)		<	8,137,235.
Total expenses (Form 990, Part IX, column (A), line 25)		@	5,083,635.
Excess or (deficit) for the year. Subtract line 2 from line 1		] ]	3,053,600.
Net unrealized gains (losses) on investments		B	
Donated services and use of facilities		:	
Investment expenses		^	
Prior period adjustments		A	
Other (Describe in Part XIV)		K	
Total adjustments (net). Add lines 4-8		C	
Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		< ;	3,053,600.

Total revenue, gains, and other support per audited financial statements		<	8,670,836.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
Net unrealized gains on investments	@,		
Donated services and use of facilities	@H	578,279.	
Recoveries of prior year grants	@5		
Other (Describe in Part XIV)	@8	-44,678.	
Add lines @, through @8	@"		533,601.
Subtract line @" from line <	] ]		8,137,235.
Amounts included on Form 990, Part VIII, line 12, but not on line <:			
Investment expenses not included on Form 990, Part VIII, line 7b	B,		
Other (Describe in Part XIV)	BH		
Add lines B, and BH	B5		
Total revenue. Add lines ] and B50 (This should equal Form 990, Part I, line 12.)	:		8,137,235.

Total expenses and losses per audited financial statements		<	5,617,236.
Amounts included on line 1 but not on Form 990, Part IX, line 25:			
Donated services and use of facilities	@,	578,279.	
Prior year adjustments	@H		
Losses reported on Form 990, Part IX, line 25	@5		
Other (Describe in Part XIV)	@8	-44,678.	
Add lines @, through @8	@"		533,601.
Subtract line @" from line <	] ]		5,083,635.
Amounts included on Form 990, Part IX, line 25, but not on line <:			
Investment expenses not included on Form 990, Part VIII, line 7b	B,		
Other (Describe in Part XIV)	BH		
Add lines B, and BH	B5		
Total expenses. Add lines ] and B50 (This should equal Form 990, Part I, line 18.)	:		5,083,635.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XIV

PART XII LINE 2D AND PART XIII LINE 2D: RECLASS WIKIMANIA CONFERENCE

EXPENSES TO FUNCTIONAL EXPENSES.



N5D"8\$E"'3  
=3(%1'CC;>

N#, # " 1 " &#(')'L5#-F-#-"9' \* \$9-8""#D"'7&-"8'N#, #"9

OMB No. 1545-0047

2008

Department of the Treasury  
Internal Revenue Service

► L##, 5D'(#'3(%1'CC; 0'G(1 2E'#"')#D'('%, &-. , #-(&', &9a""%8'IU"9I'(#  
3(%1'CC; ?'J, %4d?'E-&""<BH'E-&""<: ?'(%'E-&""<^0

'\* 2"&#('J\$HE-5'  
'4&92"5#-(&'.....

V, 1 "'()'#D'('%, &-. , #-(&

/1 2E(M'%"8"&#)-5, #-(&\$1 H'%"

WIKIMEDIA FOUNDATION

20-0049703

'J, %4' S"&""%, E'4&)(%1, #-(&'(&'L5#-F-#-"9' \* \$9-8""#D"'7&-"8'N#, #"90'Complete if the organization answered  
"Yes" to Form 990, Part IV, line 14b.

< 3(%'+%, &#1, I""%90 Does the organization maintain records to substantiate the amount of the grants or  
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award  
the grants or assistance? . . . . . ☒ U"9 ☐ V(

@ 3(%'+%, &#1, I""%90 Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the  
United States.

] Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

=, >'Region	=H>'Number of offices in the region	=5>'Number of employees or agents in region	=8> Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	=> If activity listed in (d) is a program service, describe specific type of service(s) in region	=> Total expenditures in region
EUROPE	NONE	NONE	FUNDRAISING	NA	NONE
EAST ASIA AND THE PACIFIC	NONE	NONE	FUNDRAISING	NA	NONE
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	FUNDRAISING	NA	NONE
EUROPE	NONE	2	PROGRAM SERVICES	SUPPORT WIKIPEDIA	167,000.
EUROPE	NONE	NONE	PROGRAM SERVICES	OPEN SOURCE	103,430.
EUROPE	NONE	1	PROGRAM SERVICES	FOSTER VOLUNTEERS	58,588.
EUROPE	NONE	1	PROGRAM SERVICES	WIKIMANIA	14,574.
EAST ASIA AND THE PACIFIC	NONE	1	PROGRAM SERVICES	SUPPORT WIKIPEDIA	34,396.
EAST ASIA AND THE PACIFIC	NONE	1	PROGRAM SERVICES	OPEN SOURCE	30,477.
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	WIKIMANIA	32,200.
EUROPE	NONE	NONE	GRANTMAKING	WIKIMANIA	4,813.
EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING	WIKIMANIA	3,065.
SOUTH ASIA	NONE	NONE	GRANTMAKING	WIKIMANIA	800.
SOUTH AMERICA	NONE	NONE	GRANTMAKING	WIKIMANIA	2,185.
RUSSIA/INDEPENDENT STATES	NONE	NONE	GRANTMAKING	WIKIMANIA	520.
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING	WIKIMANIA	595.
EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING	WIKIMANIA	5,232.
6(#, E9 . . . . . ►	NONE	6			457,875.

3(%'J%-F, 5M'L5#, &8'J, 2""%a(%I'! "8\$5#-(&'L5#V(#-5"?9""'"#D"'4&9#%\$5#-(&9')(%'3(%1'CC; 0

N5D"8\$E"'3=3(%1'CC; >@; ; K

JSA

8E1274 1.000

37135U 1561 04/27/2010 15:51:51 V08-8.3 2341015

27



[illegible]

@	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .	▶	1
]	Enter total number of other organizations or entities . . . . .	▶	NONE

S%, &#9', &8\*'#D'''%L99-9#, &5'''#('4&8-F-8\$, [9'\*\$#9-8'''#D'''7&-'#8'N#, #'90'Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
 Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

N5D"8\$E"'3'=3(%1 'CC; >'@; ; K

J, %'4d'

N\$22f" 1 "&amp;#, f'4&amp;)(%1, #-(&amp;

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

POTENTIAL GRANTEEES PARTICIPATE IN A GRANTS APPLICATION PROCESS BY

PROVIDING A PROPOSAL. THE PROPOSAL CONTAINS A DESCRIPTION OF THE

MISSION-RELATED WORK THEY ARE PROPOSING, A BUDGET, A TIMELINE AND HOW

THIS WILL IMPACT THE MISSION GOALS. ONCE AN APPLICANT IS AWARDED A

GRANT, THEY RECEIVE AN EMAIL STIPULATING THAT BY ACCEPTING FUNDS, THEY

AGREE TO THE REPORTING REQUIREMENTS WHICH INCLUDE MAINTAINING

RECEIPTS/DOCUMENTATION OF EXPENSES, AGREEING TO RETURN UNUSED FUNDS

AND/OR SUBMIT A REQUEST FOR RE-ALLOCATION OF FUNDS, AND SUBMISSION OF A

FINAL REPORT WHICH INCLUDES AN ESTIMATE OF THE IMPACT OF THE FUNDED

ACTIVITIES ON MISSION GOALS AND A SUMMARY OF BEST PRACTICES AND LESSONS

LEARNED. THESE REPORTS ARE SUBMITTED TO AND REVIEWED BY THE DEPUTY

DIRECTOR.

<, Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

- ☒ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (e.g., maid, chauffeur, chef)

H If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

@ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

J Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☒ Compensation committee  
☒ Independent compensation consultant  
☒ Form 990 of other organizations

- ☐ Written employment contract  
☒ Compensation survey or study  
☒ Approval by the board or compensation committee

B During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

, Receive a severance payment or change of control payment? . . . . .

H Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

5 Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

\* &EM'; ; <=5>=]>', &8': ; <=5>=B>'(%, &-, #-(&9'1 \$9#5(1 2E""'E-&'9': PK0

: For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

, The organization? . . . . .

H Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III.

^ For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

, The organization? . . . . .

H Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III.

A For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

K Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	U"9	V(
<H	X	
@	X	
B,		X
BH		X
B5		X
:		X
: H		X
^,		X
^H		X
A		X
K		X

V (#"0 The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

'J, %#'44' N\$22E" 1 " &#, E'4&) (%1, #- (&

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

HOUSING ALLOWANCE FOR EXECUTIVE DIRECTOR

THE ORGANIZATION PAID RENT ON BEHALF OF THE EXECUTIVE DIRECTOR UNTIL

JANUARY 2009. THIS WAS INCLUDED IN HER TAXABLE COMPENSATION.

NGT/Q7[/\'\  
=3(%1'CC;>

Department of the Treasury  
Internal Revenue Service

Name of the organization

WIKIMEDIA FOUNDATION

'J, %4' 6M2"9'()'J%(2"%M

V(&PG, 9D'G(&#%-H\$#-(&9

►6('H"'5(1 2E"'8'HM'(%+, &-., #-(&9'D, #', &9a""%8  
I U"9I'(&'3(%1'CC;?J, %4d'E-&"9'@C'('%]; 0  
►L##, 5D'#('3(%1'CC; 0

OMB No. 1545-0047

2008

""\*2"&'6('J\$HE-5"  
"4&92"5#-(&"

/1 2E(M""%-8"&#)-5, #-(&'&\$1 H"%

20-0049703

	=, > Check if applicable	=H> Number of contributions	=5> Revenues reported on Form 990, Part VIII, line 1g	=8> Method of determining revenues
< Art-Works of art . . . . .				
@ Art-Historical treasures . . . . .				
] Art-Fractional interests . . . . .				
B Books and publications . . . . .				
: Clothing and household goods . . . . .				
^ Cars and other vehicles . . . . .				
A Boats and planes . . . . .				
K Intellectual property . . . . .				
C Securities-Publicly traded . . . . .	X	1	257,495.	FMV
<; Securities-Closely held stock . . .				
<< Securities-Partnership, LLC, or trust interests . . . . .				
<@ Securities-Miscellaneous . . . . .				
<] Qualified conservation contribution (historic structures) . . . . .				
<B Qualified conservation contribution (other) . . . . .				
<: Real estate-Residential . . . . .				
<^ Real estate-Commercial . . . . .				
<A Real estate-Other . . . . .				
<K Collectibles . . . . .				
<C Food inventory . . . . .				
@; Drugs and medical supplies . . . .				
@< Taxidermy . . . . .				
@@ Historical artifacts . . . . .				
@] Scientific specimens . . . . .				
@B Archeological artifacts . . . . .				
@: Other ►( SERVERS ) . . . . .	X	1	128,600.	FMV
@^ Other ►( ) . . . . .				
@A Other ►( ) . . . . .				
@K Other ►( ) . . . . .				

@C Number of Forms 8283 received by the organization during the tax year for contributions for  
which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . @C

	U"9	V(
] ; , During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . ] ; ,		X
H If "Yes," describe the arrangement in Part II.		
] < Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . . ] <		X
] @ , Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . ] @ ,		X
H If "Yes," describe in Part II.		
] ] If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

3(%J%-F, 5M'L5#, &8'J, 2"%a(%I'! "8\$5#-(&'L5#V(#-5"?9""#D"4&9#%5#-(&9')(%3(%1'CC; 0

N5D"8\$E""\ '=3(%1'CC; >@; ; K

JSA

8E1298 1.000

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34

**Part I**

Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for providing additional information.



Name of the organization

/12(M"-8"&amp;#)-5, #(&amp;'&amp;\$1H"%

WIKIMEDIA FOUNDATION

20-0049703

FORM 990 PART III LINE 4D

SUPPORT THE PLANNING AND IMPLEMENTATION OF AN ANNUAL CONFERENCE,  
WIKIMANIA, TO BRING TOGETHER VOLUNTEER CONTRIBUTORS TO THE EDUCATIONAL  
PROJECTS OPERATED BY THE WIKIMEDIA FOUNDATION.

FORM 990 PART VI, LINE 10

REVIEW OF FORM 990:

THE FIRST DRAFT OF THE 990 WAS DEVELOPED BY AN EXTERNAL ACCOUNTING FIRM  
UNDER THE DIRECTION OF THE CHIEF FINANCIAL AND OPERATING OFFICER. IT WAS  
REVIEWED FOR ACCURACY AND COMPLETENESS BY THE CFOO, AND THEN BY THE  
EXECUTIVE DIRECTOR. THEN, A MEETING OF THE AUDIT COMMITTEE WAS HELD AT  
WHICH THE CFOO WALKED THROUGH THE DRAFT IN DETAIL FOR THE AUDIT  
COMMITTEE'S APPROVAL. ONCE THE AUDIT COMMITTEE APPROVED A FINAL VERSION,  
THE TREASURER PROVIDED IT TO THE BOARD MEMBERS PRIOR TO IT BEING FILED  
WITH THE IRS

Name of the organization

/12(M"-8"&amp;#)-5, #(&amp;'&amp;\$1H"%

WIKIMEDIA FOUNDATION

20-0049703

FORM 990 PART VI, LINE 12

CONFLICT OF INTEREST:

THE ORGANIZATION'S BOARD MEMBERS COMPLETE ANNUALLY A CONFLICT OF INTEREST

STATEMENT THE PURPOSE OF WHICH IS TO IDENTIFY ANY PERSONAL, FAMILY AND/OR

BUSINESS RELATIONSHIPS AND/OR TRANSACTIONS THAT MAY POSE A POTENTIAL

CONFLICT. THESE FORMS ARE SUBMITTED TO THE GENERAL COUNSEL AND ARE

REVIEWED BY THE BOARD. ADDITIONALLY, THE BOARD MEMBERS ALSO COMPLETE

ANNUALLY A PLEDGE OF PERSONAL COMMITMENT THAT AFFIRMS THAT THE INDIVIDUAL

IS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND THAT THE

INDIVIDUAL WILL PROMPTLY NOTIFY THE EXECUTIVE DIRECTOR AND THE BOARD

CHAIR WHEN A CONFLICT OR POTENTIAL CONFLICT ARISES. FURTHERMORE, IN THE

CASE OF A CONFLICT, THE INDIVIDUAL AGREES TO REFRAIN FROM USING HIS OR

HER PERSONAL INFLUENCE TO ENCOURAGE THE FOUNDATION TO ENTER THE

TRANSACTION AND MUST PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM ANY

FURTHER DISCUSSIONS OTHER THAN TO ANSWER QUESTIONS ABOUT THE TRANSACTION.

IN THE CASE OF POTENTIAL CONFLICT, THE REMAINING BOARD MEMBERS REVIEW

THE POTENTIAL TRANSACTION TO DETERMINE WHETHER SAID TRANSACTION IS FAIR

AND REASONABLE TO THE FOUNDATION AND LEGAL COUNSEL IS CONSULTED AS

NECESSARY TO ENSURE THAT SUCH A TRANSACTION WOULD NOT CONSTITUTE SELF

DEALING.

Name of the organization

/12(M"-8"&amp;#)-5, #(&amp;'&amp;\$1H"%

WIKIMEDIA FOUNDATION

20-0049703

FORM 990 PART VI LINE 15A AND 15B

FORM 990 PART VI LINE 15A

THE WIKIMEDIA FOUNDATION BOARD OF TRUSTEES IS RESPONSIBLE FOR

DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, AND HAS

DELEGATED THAT RESPONSIBILITY TO THE ED EVALUATION COMMITTEE AND BOARD

TREASURER WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS. IN SETTING THE

ED'S COMPENSATION, THE EVALUATION COMMITTEE HAS SECURED AND REVIEWED

COMPARABILITY DATA ABOUT NON-PROFIT CEO COMPENSATION FOR ORGANIZATIONS OF

SIMILAR SIZE AND SCOPE TO THE WIKIMEDIA FOUNDATION, INCLUDING SALARY,

BONUS SCHEMES AND NON-MONETARY BENEFITS AND PERQUISITES. THE INFORMATION

CAME FROM A VARIETY OF SOURCES INCLUDING GUIDESTAR, BOARDSOURCE, THE

CENTER FOR NON-PROFIT MANAGEMENT, AND THE NON-PROFIT TIMES.

ADDITIONALLY, RECRUITERS AT RUSSELL REYNOLDS, KORN/FERRY, AND SPENCER

STUART WERE CONSULTED WITH TO REVIEW POTENTIAL COMPENSATION PACKAGES AND

TO PROVIDE FEEDBACK.

THE COMMITTEE ALSO CONSULTED WITH INDEPENDENT EXPERTS IN THE FIELD. THE

EVALUATION COMMITTEE ALSO ANNUALLY SETS PERFORMANCE GOALS WITH THE

EXECUTIVE DIRECTOR, AND WORKS WITH HER TO EVALUATE PERFORMANCE AGAINST

THOSE GOALS. BOTH COMPENSATION AND PERFORMANCE ASSESSMENT INFORMATION IS

SHARED WITH THE FULL BOARD FOR ITS REVIEW AND APPROVAL. AT VARIOUS

POINTS IN THE PROCESS, DISCUSSIONS AND DELIBERATIONS ARE REVIEWED VIA

EMAIL. ONCE DELIBERATIONS ARE COMPLETE, THE FINAL DETERMINATION IS

SUMMARIZED BY THE BOARD TREASURER IN WRITING.

Name of the organization

/12(M"-8"&amp;#)-5, #(&amp;'&amp;\$1H"%

WIKIMEDIA FOUNDATION

20-0049703

FORM 990 PART VI LINE 15B

THE WIKIMEDIA FOUNDATION EXECUTIVE DIRECTOR IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF ALL WIKIMEDIA FOUNDATION OFFICERS AND KEY EMPLOYEES (WITH THE EXCEPTION OF HERSELF). IN SETTING COMPENSATION FOR WIKIMEDIA FOUNDATION OFFICERS AND KEY EMPLOYEES, THE EXECUTIVE DIRECTOR HAS SECURED AND REVIEWED COMPARABILITY DATA ABOUT COMPENSATION AT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE TO THE WIKIMEDIA FOUNDATION, INCLUDING SALARY, BONUS SCHEMES AND NON-MONETARY BENEFITS AND PERQUISITES. THE INFORMATION CAME FROM A VARIETY OF SOURCES INCLUDING GUIDESTAR, BOARDSOURCE, THE CENTER FOR NON-PROFIT MANAGEMENT, THE NON-PROFIT TIMES, THE SAN FRANCISCO BUSINESS TIMES, COMPASSPOINT NONPROFIT SERVICES AND THE MEYER FOUNDATION. ADDITIONALLY, THE EXECUTIVE DIRECTOR AND HER STAFF HAVE CONSULTED WITH INDEPENDENT EXPERTS IN THE FIELD, INCLUDING THOSE WITH SPECIFIC SUBJECT-MATTER EXPERTISE IN AREAS OF NON-MONETARY COMPENSATION SUCH AS HEALTH AND DENTAL COVERAGE AND RETIREMENT SAVING PLANS. THE EXECUTIVE DIRECTOR ALSO ANNUALLY SETS PERFORMANCE GOALS WITH OFFICERS AND KEY EMPLOYEES, AND WORKS WITH THEM TO EVALUATE PERFORMANCE BASED ON THOSE GOALS. BOTH COMPENSATION AND PERFORMANCE ASSESSMENT INFORMATION IS SHARED AT A HIGH LEVEL WITH THE BOARD OF TRUSTEES, BUT THE BOARD DOES NOT REVIEW THIS INFORMATION IN DETAIL, NOR DOES IT APPROVE SPECIFICS.

Name of the organization

/12(M"-8"&amp;#)-5, #(&amp;'&amp;\$1H"%

WIKIMEDIA FOUNDATION

20-0049703

FORM 990 PART VI, LINE 19

THE ORGANIZATION'S WEBSITE INCLUDES LINKS TO ITS GOVERNING DOCUMENTS, ITS

CONFLICT OF INTEREST POLICY AND ITS AUDITED FINANCIAL STATEMENTS.

HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/BYLAWS

HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/CONFLICT\_OF\_INTEREST\_POLICY

HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/FINANCIAL\_REPORTS

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE MISSION OF THE WIKIMEDIA FOUNDATION IS TO EMPOWER AND ENGAGE PEOPLE AROUND THE WORLD TO COLLECT AND DEVELOP EDUCATIONAL CONTENT UNDER A FREE LICENSE OR IN THE PUBLIC DOMAIN AND TO DISSEMINATE IT EFFECTIVELY AND GLOBALLY.

IN COLLABORATION WITH A NETWORK OF CHAPTERS, THE FOUNDATION PROVIDES THE ESSENTIAL INFRASTRUCTURE AND AN ORGANIZATIONAL FRAMEWORK FOR THE SUPPORT AND DEVELOPMENT OF MULTILINGUAL WIKI PROJECTS AND OTHER ENDEAVORS WHICH SERVE THIS MISSION. THE FOUNDATION WILL MAKE AND KEEP USEFUL INFORMATION FROM ITS PROJECTS AVAILABLE ON THE INTERNET FREE OF CHARGE, IN PERPETUITY.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES  
=====

BELGIUM  
UNITED KINGDOM

FORM 990, PART VI, LINE 17 - STATES  
=====

AL, AK, AZ, AR, CA, CO, CT,  
FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,  
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, TN, UT, VA, WA, WV, WI,



## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS

-----

DESCRIPTION OF SERVICES COMPENSATION

-----

SQUIRE SANDERS AND DEMPSEY LLP  
8000 TOWERS CRESCENT DRIVE, 14 FLOOR  
TYSONS CORNER, VA 22182

LEGAL SERVICES

131,564.

TOTAL COMPENSATION

-----  
131,564.

=====

## FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INTEREST INCOME	31,034.			31,034.
	-----	-----	-----	-----
TOTALS	31,034.			31,034.
	=====	=====	=====	=====

## FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID EXPENSES	186,489.
	-----
TOTALS	186,489.
	=====